COVID-19 Testing Consent Form

Name: _____ **Date of birth**: _____

Address: _____

City: _____ **State**:_____ **ZIP CODE**: _____

Phone number: _____ **Sex**: ☐ Male ☐ Female

Primary medical insurance (*please select one*): ☐ Idaho Medicaid ☐ Regence ☐ Blue Cross of Idaho ☐ SelectHealth ☐ PacificSource ☐ Medicare ☐ Other insurance _____ ☐ None

Group number: _____**ID number**: _____ **Billing phone number:**_____

Primary care provider & Practice name _____

_____

Were you exposed to COVID-19? Yes ☐ No ☐

If yes, did you experience…?

☐ Direct exposure to a COVID-19 positive person (e.g., someone who lives with you)

☐ Unsure

Approximately how many days ago were you exposed to COVID-19? _____

What symptoms are you experiencing now? ***Please select all that apply.***

☐ Fever or chills
☐ Cough
☐ Shortness of breath or difficulty breathing
☐ Mild ☐ Moderate ☐ Severe
☐ Fatigue
☐ Muscle or body aches (i.e., myalgia)
☐ Headache
☐ New loss of taste or smell
☐ Sore throat/Hoarseness
☐ Congestion or runny nose
☐ Nausea or vomiting
☐ Diarrhea
☐ **No symptoms**

For how many days have you been experiencing symptoms? _____

How would you best describe your race? ***Please select all that apply. If you would prefer not to answer this question, you may leave it blank.***

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ Other race
☐ White

How would you best describe your ethnicity? ***Please select all that apply. If you would prefer not to answer this question, you may leave it blank.***

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Patient signature: _____ **Date**:_____

----------**OR**----------

☐ Due to social distancing and safety concerns, the patient is authorizing pharmacy staff to fill out consent on behalf of the patient and is verbally giving consent for testing at this time

Signature of pharmacy staff:_____

Date:_____ **Time**: _____

Symptoms of Coronavirus accessed from CDC website on September 16, 20200, available at: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html